								Α	Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												1		
		Effect		SDT 303										
CLAIMS AS FILED - PART I								SMALL ENTITY TYPE OR			OTHER THAN			
тс	TAL CLAIMS		(Column	11) 71	(Colu	(Column 2)				OR	SMALL	ENTITY		
			54				RAT		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			3/1~ minus 20=		14		X\$	9=	12	OR	X\$18=			
INDEPENDENT CLAIMS			(minus 3 =		6		X40)=	1/10	OR	X80=			
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT		•				740	OR				
* If the difference in column 1 is loss than zero enter "0" in column 2							+13	5=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2									1721	OR	TOTAL			
CLAIMS AS AMENDED - PART II							CBAA		FAITITY	0 D	OTHER			
	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS		(Colui	DOMESTIC OF THE PROPERTY OF	(Column 3)	21416		ADDI-	OR I I	SMALL	***		
IT A		REMAINING AFTER		NUM PREVI		PRESENT EXTRA	RAT	Έ	TIONAL		RATE	ADDI- TIONAL		
ME		AMENDMENT		PAID	FOR				FEE			FEE		
AMENDMENT	Total	*	Minus	**	, ,	=	X\$ 9)=		OR	X\$18=			
	Independent	*	Minus	***	F OL A144		X40	=		OR	X80=	-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13!	;_		OR	+270=			
								TAL		į	TOTAL	- Manager		
(Column 1) (Column 2						(0.1 0)	ADDIT.			OR	ADDIT. FEE			
_		(Column 1) CLAIMS	H		IEST	(Column 3)	·······		ADDI-			ADDI		
AMENDMENT B		REMAINING AFTER		PREVI	OUSLY	PRESENT EXTRA	RAT	Ε	TIONAL		RATE	ADDI- TIONAL		
	Takal	AMENDMENT		PAID	FOR				FEE			FEE		
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18≃			
	Independent	TATION OF MU	Minus	***	CL AINA	=	X40	=		OR	X80=			
	MOTFACOL	NIATION OF MIC	JUILLE DE	CINDEIN	CLAIIVI	Sally resident and the second of the second	+135			OD	+270=	·		
								TÁL		OR	TOTAL			
10 1									ADDIT. FEE OR ADDIT. FEE					
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										1				
AMENDMENT C	0	REMAINING AFTER		NUM PREVIO	BER	PRESENT EXTRA	RAT	╒╏	ADDI- TIONAL		RATE	ADDI- TIONAL		
ME		AMENDMENT		PAID			ļ		FEE			FEE		
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=			
AMI	Independent	*	Minus	***			X40			OR	X80=			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

+270=

ADDIT. FEE

TOTAL

+135=